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indicated unless corrected maintenance fee notificatio		in Block 1, by (a)	) specifying a new c	orrespondence addres	s; and/or (b) indicating a sep	arate "FEE ADDRESS" for
	ON COURT	n (o)	PE CR 30 MB STATE OF THE PROPERTY OF THE PROPE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8001 30.00 DA				Agatha Mor	ey	(Depositor's name)
				##S01)		(Signature)
VJ 12:0001 00:				July 13, 2	005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/702,299	11/06/2003	1/06/2003		James L. McGrath		8014
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APPLN. TYPE	SMALL ENTITY	ISSUE FE		JBLICATION FEE	TOTAL FEE(S) DUE	DATÉ DUE
nonprovisional	NO	\$1400	)	\$300	\$1700	09/06/2005
EXAMINER		ART UN	IT CI	ASS-SUBCLASS		
HARVEY, JAMES R		2833	2833 439-066000		_	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Thomas D. Paulius  2  3			
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print o	or type)		

Number is required.	listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B	B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Molex Incorporated	Lisle, Illinois					
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🖵 Government						
4a. The following fee(s) are enclosed:	p. Payment of Fee(s):					
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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Authorized Signature Tumb. Kuch	Date July 13, 2005					
Typed or printed name Thomas D. Paulius	Registration No. 30,792					

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